

## **Surgeon General's Media Update**

Jan. 29, 2007

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## **Getting help not a 'career killer'**

### ***Army's top doctor defends Carson's mental health care***

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COLORADO SPRINGS - Soldiers deserve the best possible health care, including treatment after the emotional anguish of combat, the Army's top doctor said Thursday.

"We're a nation that cares about our soldiers," Lt. Gen. Kevin Kiley said at a news conference at Fort Carson. The post has been in the cross hairs of allegations by a few soldiers that superiors failed to provide counseling for soldiers suffering after duty in Iraq.

"It's not only OK. It's encouraged to seek mental health care," Kiley said, emphasizing that a record of mental health treatment will not be "a career killer" for a soldier who is hoping to advance.

Kiley, the Army surgeon general, said Fort Carson provides a high standard of mental health care, contrary to national news broadcasts that the post was kicking out troubled soldiers instead of treating them for emotional problems, including post traumatic stress disorder.

In response to the news reports, three senators last month asked the Pentagon to investigate mental health treatment at the installation.

Although there is obvious overlap between the Pentagon investigation and a task force's mission, Kiley said they are separate.

Kiley and post officials talked with the news media on the first of a two-day site visit by four members of the Department of Defense Mental Health Task Force.

The committee, made up of 14 military and civilian members, is to report to the secretary of defense in May on mental health treatment across the armed forces. Members of the task force already have visited 30 other military installations.

The interviews followed a closed meeting early Thursday with soldiers and their families.

At least one veterans group questioned why the interviews were closed. Post officials said the reason was to protect privacy of military families who spoke candidly about their emotional distress.

The officers who conducted the news conference also made the point that the lingering stigma about mental illness in the ranks mirrors attitudes in society at large.

But now is the time for a change, they said.

"We're not going to tolerate biases against soldiers who seek help," said Maj. Gen. Robert Mixon Jr., the Fort Carson commander.

**Spouses getting treatment for their own combat stress**  
***Army expands support system developed at Fort Bragg***

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FRIEDBERG, Germany — A week after Capt. Travis Patriquin and Spc. Vincent Pomante III died in combat last month, the spouses of soldiers who knew the men or who had provided support to the grieving families met to talk.

The dozen or so wives gathered in the Friedberg chapel annex, in the room used for Sunday school and receptions. A circle developed and the overhead lights were dimmed. Chaplain Bruce Fredrickson, an Army colonel, was the first to speak about the deaths and the pain and anxiety that followed, and soon others in the room began to share their feelings.

One of the spouses in the room that evening was Courtney Slack. Her husband, Capt. Andrew Slack, had shared quarters with Patriquin in Iraq. Having spent nearly a year together, the two 1st Brigade Combat Team, 1st Armored Division soldiers had bonded in a way only combat veterans can fully appreciate.

"I really didn't know how to make him (Andrew) feel better," Courtney Slack recalled Friday. After the fatal bomb attack, "whenever he called, he just wanted to talk about other stuff."

Patriquin and Pomante were killed Dec. 6 by a makeshift bomb that went off near their vehicle in Ramadi, Iraq.

Toward the end of the two-hour counseling session, various coping techniques for stress were discussed and doors of support were thrown open, should the need arise later.

"I couldn't say one negative thing about it," Slack, an English teacher at Wiesbaden Middle School, said of the meeting. "It was just a positive experience overall."

It's a debriefing method that is catching on in other communities, too.

Adopted in Friedberg and Giessen more than a year ago, the program has since spread to the 1st Armored Division communities of Baumholder, Hanau and Wiesbaden. The particulars associated with a Combat and Operational Stress Control Team, as it is known, will be discussed next month at a conference for Army garrison commanders in Europe.

"Family members are resilient," said Wendy Lakso, the health promotion coordinator for U.S. Army Garrison Hessen, which covers the involved communities. "They understand the deal."

Counseling of this sort has been available to servicemembers in some form for years. What makes the Giessen-Friedberg program unique is that it has been expanded to include family members and troops back on the home front.

"Everybody is a victim of combat stress," said William Lennon, clinical director of the Community Counseling Center for U.S. Army Garrison Giessen.

The Giessen-Friedberg program, Lennon said, "is really buddy aid, and buddy aid is part of the Army tradition."

There has long been a stigma attached to mental health counseling, especially in the military. Typically, folks in uniform have avoided seeking such assistance — at least on their installations — because it was viewed as detrimental to their careers, since supervisors were often notified afterward.

Then came the summer of 2002, when a rash of domestic killings and suicides at Fort Bragg, N.C., triggered an Army review. In most of the cases, the perpetrators were soldiers returning from duty in Afghanistan. Many supporters of counseling were spurred to action. But while some progress has been made, proponents acknowledge a lot of work remains.

“We’re in the turn, but I don’t think we’ve turned the corner yet,” said Army Col. Herman “Tracy” Williams III, the commander of USAG Hessen.

Lennon, a substance abuse counselor, sensed the need for a new direction in his community after 1st Brigade soldiers returned home from Iraq in summer 2004. There was an increase in alcohol abuse, he said, and in many cases soldiers came to his office of their own accord. A lot of them were having nightmares, waking up and then drinking themselves back to sleep.

“The problem I saw was that soldiers were not seeking help for combat stress,” Lennon said.

By early 2005, some in the brigade hierarchy started to heed Lennon’s concerns. Over the course of that year, as the unit prepared for its second tour to Iraq, he gained the support of Col. Sean MacFarland, the brigade commander. Chaplains and various community specialists were mobilized and coordinated, extensive training in critical incident stress management was offered and from it all the COSC Team was eventually created.

A key member of the overall effort was MacFarland’s wife, Lynda, who had already formed an extensive spousal support network. Today, all eight of the brigade’s battalions have trained people in place to help family members at a moment’s notice, and that support is likely to intensify in the coming weeks as the unit prepares to head home.

“The Army,” Lynda MacFarland said, “has definitely moved away from the stigma” that seeking help is a weakness.

She and Lennon noted that combat stress is quite different from post-traumatic stress disorder in that it is characteristically short- term.

“We all are experiencing combat stress, whether we are in (the war zone) or not,” Lynda MacFarland said.

For Courtney Slack, it was just reassuring to hear that her husband’s reluctance to talk at length about his fallen battle buddy is normal. With the deployment winding down, he needs to maintain his focus, she said, for his sake and those around him.

### **Japan has third bird flu outbreak**

01/29/07 – BBC News

Officials in Japan have confirmed a third outbreak of bird flu - although they are still determining if it is the H5N1 strain dangerous to humans.

About 40 chickens have died on a farm in Takahashi, in Okayama prefecture.

Officials have ordered all poultry there to be culled, and the movement of people and goods restricted.

Two bird flu outbreaks earlier this month in the southern prefecture of Miyazaki have already been confirmed as the H5N1 strain of the disease.

The Japanese authorities have already determined that the new case of bird flu belongs to the virulent H5 family of the virus, but further tests are needed to find out if it is H5N1, the strain potentially deadly to humans.

Officials, however, are taking no chances. They are due to start culling all 12,000 birds at the affected Takahashi farm as early as Tuesday.

Other farms in a 10 km (six-mile) radius have been banned from transporting chickens and eggs, a ministry official told reporters.

Thousands of chickens have already been killed in Japan's main chicken-producing region of Miyazaki, following two H5N1 outbreaks in two separate towns there earlier this month.

The second case, at a farm in Hyuga, was only confirmed over the weekend.

### *Growing concern*

There have been a number of H5N1 outbreaks in Japan since early 2004, but there have been no human deaths from the virus.

Health officials across Asia are on alert as a growing number of countries have reported cases in both birds and humans in recent weeks.

Since the H5N1 virus emerged in South East Asia in late 2003, it has claimed more than 150 lives around the world.

There are fears the virus could mutate to a form which could be easily passed from human to human, triggering a pandemic and potentially putting millions of lives at risk.

### **Narcolepsy may offer key to solving insomnia**

#### ***Tests of new drug offer 'promising' findings to those who can't sleep***

01/28/07 - Associated Press

WASHINGTON - Researchers studying a disease that causes people to suddenly drop off to sleep are trying to turn what they have learned into a new way to help insomniacs get some shut-eye.

They found that blocking brain receptors for orexin, a blood peptide, promoted sleep in rats, dogs and people, according to a paper in Sunday's online issue of the journal Nature Medicine.

Orexin, also known as hypocretin, is important in maintaining wakefulness. It is absent in the brains of people who suffer from narcolepsy, a chronic disorder in which people cannot regulate sleep-wake cycles normally. It is estimated to affect more than 135,000 people in the United States, according to the National Institutes of Health.

The research team, led by Francois Jenck of the Swiss drug company Actelion Pharmaceuticals, reasoned that they might be able to induce sleep if they could block orexin.

They developed a drug that can block the receptors in the brain that respond to orexin-hypocretin. The researchers reported successful testing in rodents, dogs and men.

The first tests were proof of the concept and the drug is now being evaluated to establish the correct dosage, said Roland Haefli, an Actelion spokesman. Researchers hope to decide this year whether to conduct a phase-three study, a detailed assessment of the drug that would be the final step before seeking U.S. government approval for its use. Such studies can take a few years.

Narcolepsy victims often also experience cataplexy, a condition in which they lose control of muscle tone for a few seconds to minutes. Jenck said in a telephone interview that the drug tests did not prompt indications of cataplexy.

Dr. Thomas Scammell, an assistant professor of neurology at Harvard University, said the work was "promising, with a certain amount of caution."

"I think it may be the beginning of something quite exciting," said Scammell, who was not part of the research team.

The drug works differently from other sleep aids that are available and the researchers "provide this very broad perspective, all the way from rodents to humans," he said in a telephone interview.

Scammell said the drug may work for people who do not tolerate current sleeping pills well. But he said there are concerns that blocking orexin could cause a problem in the brain that is similar to narcolepsy.

"Subsequent studies will be important to make sure sleep quality is good," he said. Also, cataplexy is difficult to study in the lab because it is often triggered by strong emotions, he said.

Luis de Lecea, an associate professor of psychiatry and behavioral sciences at Stanford University, also sees promise in the research.

"This new compound may give rise to a new family of sleep aids," de Lecea said. The advantage of targeting orexin-hypocretin, he said, is that it involves a relatively small number of neurons. Therefore, it can be much more selective than current sleep aid drugs.

But de Lecea, who was not part of the research team, cautioned that because of the way study was done, it was impossible to determine the sleep quality.

Jenck's research was funded by Actelion.

## **Elliptical Machine; Stationary Bike Become PRT Cardio Options**

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MILLINGTON, Tenn. - The Navy's culture of fitness program is introducing new ways for Sailors to complete the cardiovascular portion of the Physical Readiness Test (PRT). NAVADMIN 11/07 spells out the details for commanding officers use of elliptical trainers and stationary bikes as options to running the PRT.

When commanders approve the options, Sailors who do not wish to run are offered other ways to complete the cardio standard. Any medical issues, however, need close attention. According to the NAVADMIN, Sailors who are medically waived from the 1.5 mile run cannot be required to test using the stationary cycle, elliptical, swim or treadmill options. Sailors and command fitness leaders must ensure any medical waiver states which cardio options are cleared.

The elliptical and cycle tests are both 12-minute fixed-timed tests with a direct correlation to the 1.5 mile run. The goal is to burn as many calories as possible.

Once the user obtains their caloric output from the elliptical or stationary bike, they can input these results into a calculator located on the PRT website: [www.npc.navy.mil/CommandSupport/PhysicalReadiness/](http://www.npc.navy.mil/CommandSupport/PhysicalReadiness/). This calculates a run time that can be compared to the 1.5 mile run section of the PRT instruction.

"We are trying to encourage the culture of fitness concept by giving Sailors the option to test like they train. These new options, when allowed by the command, give Sailors the chance to work out on a regular basis on equipment they can use to complete the run portion of the PRT," said Lt. Cmdr. Lisa Finlayson, the Navy's program manager for physiology and fitness.

The culture of fitness encourages Sailors to exercise more frequently and get rid of the "three mile club," those Sailors who only exercise when the PRT comes around. "This also helps deployed commands complete their PRT on time and gives deployed Sailors more options to stay in shape," said Finlayson.

If using these options for the PRT, command fitness leaders (CFL) must ensure Sailors train on the machine and know the safety, setup/start/stop, and testing procedures for that machine prior to testing day.

"These options are challenging events," according to the NAVADMIN, so Sailors need to know their performance capabilities before taking the test.

CFLs must obtain authorization from their commanding officer to use the elliptical and stationary bike for a PRT. CFLs and Sailors should read NAVADMIN 11/07 at [www.npc.navy.mil](http://www.npc.navy.mil) (messages section) to get a list of the correct model numbers of authorized machines that are required to take the test.

For more physical fitness information, go to <http://www.npc.navy.mil/CommandSupport/PhysicalReadiness/>.